

PATENT APPLICATION SERIAL NO. 10/518858

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/03/2005 MKAYPAGH 00000040 10518858

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	600.00 OP
05 FC:1614	200.00 OP
06 FC:1206	40.00 OP

07/25/2005 AJOHNS02 00000011 10518858

01 FC:1642

400.00 OP

Repln. Ref: 07/25/2005 AJOHNS02 0013214100
DAH:132725 Name/Number:10518858
FC: 9204 \$100.00 CR

02 FC:1632

-500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/518858
1 Date of Request: <u>7-25-05</u>		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>12/17/04</u>	\$ <u>100</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
		Credit Deposit A/C #:		
<input checked="" type="checkbox"/> Overpayment		9	1	3
<input type="checkbox"/> Duplicate Payment				
<input type="checkbox"/> No Fee Due (Explanation):		5		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: